

## RI GCD Form D 7. Agency Mediation Report

<i>To be Completed by the Agency ADA Coordinator, if agency is unable to resolve the complaint.</i>			
<b>Case Number</b>		<b>Date</b>	
<b>Complainant</b>		<b>Filed on</b>	
<b>Respondent (Agency)</b>			
<b>Dates of meetings with complainant</b>			
<b>Identify the parties who participated in those meetings:</b>			
<b>Description of the unresolved issues:</b>			
<input checked="" type="checkbox"/> <b>Agency requests Commission:</b>	<input type="checkbox"/> <b>appoint mediators</b> <input type="checkbox"/> <b>dismiss complaint</b>	<b>If dismissal is requested, state reasons below:</b>	
<b>Agency ADA Coordinator's signature</b>		<b>Date</b>	
<i>To be completed by the Governor's Commission on Disabilities</i>			
<b>Case also on file with</b>			
<b>The above must:</b> <input type="checkbox"/> Be notified of the final disposition of mediation (but if not settled no information regarding the discussions will be disclosed by the Commission)			
<b>Commission's Action:</b> <input type="checkbox"/> <b>appointed mediators</b> <input type="checkbox"/> <b>dismissed complaint (attach reasons for dismissal)</b>			
<b>Initial complaint file requested by Civil Rights Enforcement Agency(ies):</b>			
<b>Agency</b>		<b>Date requested</b>	
<b>Agency</b>		<b>Date requested</b>	
<b>Adjudication Disposition, if known:</b>			
<b>By</b>		<b>Date of disposition</b>	